

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

70 . 134 .				report			,	
	nent Name			Telephone Number	Date of Ins (mm/dd/yr		PERMIT#	
Establish	nent Addri	ess (n	umber and street, city, state, zip code)	4	101.		10 100	
1					9/16/19 19-193			
Owner	· [~[~~	71	. Now Albany, IN 47158	502 784 7419				
	1	13	11 2 /21 2	Purpose:	Follow-up Release Date			
R.d) warz / Bobby Bass / Yohn Bass				Routine	No 10 days			
O II MCI S A	uui ess			2. Follow-up	Summary of Violations:			
Person in (Charge	_		3. Complaint				
Liz M.				4. Pre-Operational	$C \bigcirc NC \bigcirc Z$			
Responsibl	art/ar	102		5. Temporary				
ксаронаци	e rerson's	r-m	BIA	6. HACCP	Menu Type (See back of page)			
Certified F				1				
			(21, 122)	7. Other (list)	12_34_5			
			(8/16/23)					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative				rrected By	
/74	MC	-	Observed valabaled galley bags of bulk	staples		Today		
324	عد	<u> </u>	Observed the fullwing plumbing issues audion regard:				1 week	
		R	For right middle sink with broken	1.11.		/ Wee		
			2) Harry of 2-	manale / inspirable				
			1 1 to 1 to 1 to 1					
			- cut to privat breaking water surture / backsiphonge					
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Received by (name and title printed): Inspected by (name and title printed):								
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Received by (signature): Inspected by (signature): [Ents]								
Elisabeth Martino Inspected by (signature):								
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			cc;		cc:			